

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

REQUEST FOR INFORMATION

PURPOSE

The Division of Mental Health and Addiction Services (DHMAS) is seeking interested licensed and credentialed professionals who would be willing to provide mental health treatment to Drug Court (DC) clients who present with a primary substance abuse disorder and a co-occurring mental health disorder (COD). In addition, DHMAS is seeking feedback from licensed treatment agencies. The goals of this Request for Information (RFI) are to 1) compile a list of interested individuals who could potentially serve as private practitioners in a sub-network to the DC network to serve the statewide DC population in New Jersey with integrated co-occurring care and 2) gather information on how best to structure this sub-network of individually licensed practitioners to the Drug Court Initiative in order to best attract qualified professionals as well as ensure quality integrated co-occurring services.

Currently, co-occurring services are offered statewide through licensed substance abuse treatment providers. DHMAS has identified a limited number of licensed substance abuse treatment providers within the State, particularly in the Southern Region as co-occurring capable according to criteria established through Dr. McGovern's Dual Diagnosis Capability in Addiction Treatment (DDCAT) instrument. The target population is clients receiving substance abuse treatment through the DMHAS DC Fee-for-Service (FFS) Initiative. Although DMHAS is seeking responses from individual licensed practitioners statewide, we are particularly interested in professionals who are willing to provide services to the Southern New Jersey Vicinage 15 which includes the counties of Cumberland, Gloucester, and Salem. Vicinage 15 demonstrates the greatest need for COD treatment due to the shortage of appropriately licensed and credentialed professionals working with the substance abuse providers and DC population.

In order to address this gap in service, DMHAS is concurrently soliciting a Request for Proposal (RFP) for State Fiscal Year 2012 funds for start-up expenses to support the provision of integrated mental health and substance abuse treatment for DC referred clients who present with COD. The RFP will help create new capacity or expand existing capacity to licensed substance abuse treatment providers to provide a full array of services in the Co-Occurring FFS Network. **DHMAS will provide awardees of the RFP the list of licensed and credentialed individuals generated by respondents of this RFI as potential points of contact. DMHAS will also use the information generated from this RFI to develop a network of licensed and credentialed private practitioners who are qualified and interested in providing COD services to DC clients in collaboration with DC participating network providers.**

BACKGROUND

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP 42), clients said to have a COD is to have one or more disorders related to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders. A diagnosis of a COD occurs when at least one disorder or each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.

Efforts to provide treatment that meet the unique needs of people with COD have gained momentum over the past two decades in substance abuse treatment and mental health services. SAMHSA and the Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD) in 1999 held a national dialogue on Co-Occurring Mental Health and Substance Use Disorders. This resulted in the development of a conceptual framework that classifies treatment settings in four Quadrants of Care based on relative symptom severity rather than diagnosis of the clients seen in those settings. The four quadrant model has two distinct uses: 1) to help conceptualize an individual client's treatment and 2) to guide improvements in system integration, including efficient allocation of resources. Historically the mental health and substance abuse treatment systems operate independently of one another, as separate cultures, each with its own treatment philosophies, administrative structures, and funding streams.

As a result of the pressing need to disseminate and support the adoption of evidence and consensus based practices in the field of COD, in 2003 SAMHSA established the Co-Occurring Center for Excellence (COCE). The COCE mission was to transmit advances in treatment for all levels of COD severity, guide enhancements in the infrastructure and clinical capacities of service systems and foster the infusion and adoption of evidence-based treatment and program innovations into clinical practice.

The New Jersey DMHAS recognized that integrated care was a priority for the COD client. Improved systems capacity with an integrated system of care promotes wellness and recovery for the COD client. Moving towards this system of care for the COD client New Jersey received a technical assistance grant from the COCE and DMHAS established a Co-Occurring Task Force (COTF). The COCE technical assistance guided the DMHAS Professional Advisory Committee (PAC) Subcommittee on COD treatment. DMHAS looked at improving COD service delivery within State substance abuse licensed treatment facilities.

DMHAS currently has multiple initiatives providing a full continuum of care to clients through a network of licensed providers who are reimbursed via FFS. The Co-Occurring Network provides FFS reimbursement for integrated co-occurring services to individual clients who are receiving substance abuse treatment services and have a primary substance use disorder. Providers in the Co-Occurring FFS Network are

required to meet the six (6) core components: providing access, screening and assessment for COD, providing and/or coordinating referrals to appropriate level of care, providing COD treatment via a multidisciplinary team and ensuring continuity of care via case management.

The Co-Occurring FFS Network strives to advance the integration of mental health services into the client's substance abuse treatment. It provides reimbursement for an array of co-occurring services when a co-occurring mental health diagnosis, has been determined by an appropriately licensed behavioral health professional. If the client is determined to be in need of these services, his/her treatment plan will include substance abuse treatment and co-occurring problems, goals and interventions.

While this approach has been successful in increasing systems capacity for the treatment of co-occurring disorders, DMHAS is interested in encouraging further expansion of this systems capacity through a new approach. This new approach would allow individual private practitioners to collaborate with licensed substance abuse treatment agencies that are participating providers in the Drug Court network to develop integrated co-occurring care. DMHAS is very interested in seeking input from stakeholders and interested licensed practitioners about how best to structure the qualifying sub-network criteria to encourage participation while simultaneously maintaining the goals of service integration and quality care.

QUALIFIED RESPONDENTS

DMHAS seeks information from private practitioners and feedback from licensed treatment agencies on the proposed collaboration between DC providers and private practitioners. We are seeking responses to this RFI from licensed and credentialed individuals such as:

- Psychiatrist
- Licensed Clinical Psychologist
- Certified Nurse Practitioner
- Advanced Practical Nurse
- Physician's Assistant
- Licensed Clinical Social Worker
- Licensed professional counselor
- Licensed marriage and family therapist

PROPOSED INTEGRATION OF COD SERVICES BETWEEN DRUG COURT PROVIDER and PRIVATE PRACTITIONER

At a minimum, DMHAS expects that the private practitioner will collaborate with the primary substance abuse treatment provider as follows.

- DMHAS' Drug Court network provider and the private practitioner will case conference the mutual consumer at a minimum of once a week. Continued service parameters will be discussed and decided upon during the case conferences.

- Any clinically relevant changes in the care of the consumer will require a conversation with the other treating practitioner.
- Private practitioners shall obtain appropriate releases prior to disclosing any clinical or fiscal information.
- Private practitioners shall complete an accurate weekly written clinical update and submit it to the referring Drug Court.
- Private practitioners agree to attend the Drug Court staffing where requested by the team to clarify a client/ team concern or problem solves a client issue.
- Use of psychotropic or any medications will need to comply with the Drug Court approved list of medications; unless written permission is provided by the court.
- The prior authorizations for the agreed upon co-occurring services may be submitted to DMHAS' fiscal agent by the Drug Court network's substance abuse provider; which will be considered the primary provider.
- The primary provider may also reimburse the private practitioner for co-occurring services as agreed upon.

Please find attached the current service description and reimbursement rates for your reference.

SUBMISSIONS IN RESPONSE TO THE REQUEST FOR INFORMATION

Submissions must include completed RFI form (attached) and narrative response. If you are a private practitioner, please include your resume and photocopy of all credentials/licenses. Responses to this RFI must be received by DMHAS no later than 5:00 p.m. on November 30, 2011.

You may send your submission via email to helen.staton@dhs.state.nj.us or mail to the following address:

For United States Postal Service, please address to:

Helen Staton
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625
(609) 633-8781

For UPS, FedEx, other courier service or hand delivery, please address to:

Helen Staton
Division of Mental Health and Addiction Services
120 South Stockton Street, 3rd floor
Trenton, NJ **08611**
(609) 633-8781

Please note that if you send your submission through United States Postal Service two-day priority mail delivery to the P.O. Box, your submission may not arrive in two days.

In order to meet the deadline, please send your submission earlier than two days before the deadline or use a private carrier's overnight delivery to the street address.

You will NOT be notified that your submission has been received. If you require a phone number for delivery, you may use (609) 633-8781.

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR INFORMATION

Please complete below and include your narrative response. If you are a private practitioner, include your resume and a photocopy of all credentials/licenses. Be sure your resume includes the degrees received and lists your credentials/licenses. Send your submission to DMHAS by 5:00 pm on November 30, 2011.

Name: _____

Agency Name (if applicable): _____

Mailing Address: _____

City, State Zip: _____

County of Residence: _____

Daytime Telephone Number: _____

Email Address: _____

Please attach a narrative in response to the following. Private practitioners please answer all questions. Licensed treatment agencies please answer questions 1 and 2 only.

1. Please provide your thoughts on the service array and benefit package as outlined in the RFI Attachment 1.
2. Please provide your thoughts on the proposed integration between DC providers and private practitioners as outlined in the RFI on pages 3 and 4, identifying each bullet point individually.
3. Describe if you would be willing to receive payment for your services directly from the State FFS Network system which would require that you electronically prior authorize and bill for services, or if you would prefer to be paid directly through a FFS DC Network provider.
4. Would you be willing to be part of a sub-network of DC COD private practitioners?
5. What services are you eligible/interested in providing?

Attachment 1

Psychiatric Evaluation

Description:

Psychiatric evaluations are meetings between a psychiatrist and a child, adolescent or adult in which the professional tries to glean information necessary to diagnose an emotional disorder. During this interview the psychiatrist collects enough data about the patient, through input from the substance abuse and/or co-occurring evaluation, previous treatment records and consultation with the treatment team, to develop an initial psychiatric diagnosis and treatment plan, including pharmacotherapy.

Who Can Provide the Service?

Psychiatric Evaluation is provided by: MD or DO Certified in Addiction Psychiatry; Board Certified Psychiatrist who is a member of ASAM or experienced with addiction; Board Eligible and ASAM Certified Psychiatrist; MD or DO Board Eligible for Psychiatry with 5 years of addiction experience and ASAM membership; ASAM Certified MD or DO with 5 years of co-occurring mental health disorders experience; Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), and Physician's Assistant (PA) w/Psychiatric and Mental Health certification.

Comprehensive Intake Evaluation

Description:

The Comprehensive Intake Evaluation includes; a full mental status evaluation, a detailed history of psychiatric symptoms, a review & if necessary expansion of the information collected during the ASI, collection and review of previous treatment records, & the completion of relevant assessment tools such as the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) are helpful to clinicians making LOC decisions for the COD client

Who Can Provide the Service?

The Comprehensive Evaluation is provided by: Licensed Clinical Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT).

Medication Monitoring

Description:

Medication monitoring is the ongoing assessment, monitoring and review of the effects of a prescribed medication (Medication Assisted Therapy) upon a client. It is as a result of these visits that medications are adjusted, medical tests are ordered, and the client's response to treatment is evaluated. All Addictions and COD treatment facilities must allow for Medication Assisted Therapy for appropriate clients. These clients may be

receiving medication(s) prescribed by the primary treatment facility, or by another provider.

Who Can Provide the Service?

Provided by: Licensed MD or DO, Certified Nurse Practitioner-(CNP), Advanced Practical Nurse-(APN) Physician's Assistant- (PA).

Clinical Consultation**Description:**

The Consultant meets with an agency's clinical staff in order to advise, counsel or educates those clinicians regarding the diagnosis, treatment, and management of clients in the care of that organization.

Who Can Provide the Service?

A psychiatrist is the preferred consultant in this role. Psychiatrists or clinicians from other disciplines who provide clinical consultation must be licensed or certified to practice as health care professionals, and authorized to render diagnoses according to the DSM for both mental health and substance use disorders. (e.g.: psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed psychiatric nurse, licensed professional counselor, etc.). A minimum of 5 years' experience in mental health or co-occurring treatment is required.

Case Management**Description:**

Case Management is the provision of direct and comprehensive assistance to clients in order for those individuals to gain access to all necessary treatment and rehabilitative services. The clinical case manager (CCM) facilitates optimal coordination and integration of these services on behalf of the client. In addition to connecting clients to these resources, the CCM monitors their client's progress in treatment. The goal of this intervention is to reduce psychiatric and addiction symptoms, and to support the clients' continuing stability and recovery.

Who Can Provide the Service?

Clinical case management services can be provided by the client's primary counselor, or by a staff member designated as CCM for a number of clients. CCM services can be provided by a health care professional with experience and expertise in service systems, including social service systems, the addictions treatment system, and services for mental health disorders. A minimum of Bachelor's Degree in one of the helping professions, such as social work, psychology, and counseling or LCADC or CADC.

Family Therapy

Description:

Treatment provided to a family utilizing appropriate therapeutic methods to enable families to resolve problems or situational stress related to or caused by a family member's addictive illness.

Who Can Provide the Service?

Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT).

Individual Therapy

Description:

The treatment of an emotional disorder as identified in the DSM through the use of established psychological techniques and within the framework of accepted model of therapeutic interventions such as psychodynamic therapy, behavioral therapy, gestalt therapy and other accepted therapeutic models. These techniques are designed to increase insight and awareness into problems and behavior with the goal being relief of symptoms, and changes in behavior that lead to improved social and vocational functioning, and personality growth.

Who Can Provide this Service?

Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT).

Individual Therapy - Crisis Intervention

Description

The provision of emergency psychological care to a client who is experiencing extreme stress. In order for a difficult situation to constitute a crisis, the stressor(s) must be experienced as threatening, and of an intensity/magnitude that can not be managed by the client's normal coping capacities. The determination that a client is experiencing a crisis must be made by a licensed clinician. This initial assessment, where clinically indicated, includes evaluation of the individual's potential for suicide, homicide, or other violent/extremely problematic behaviors. In COD treatment settings, the client's potential for relapse and/or decompensation must be determined. The goals of crisis intervention are: (1) Stabilization, i.e. to reduce or relieve mounting distress; (2) Mitigation of acute signs and symptoms of distress; (3) Restoration of the pre-crisis (hopefully adaptive and independent) level of functioning; (4) Prevention (or reduction of

the probability) of the development of maladaptive post-crisis behavior (e.g.: relapse and/or decompensation), or of post-traumatic stress disorder (PTSD).

Who Can Provide the Service?

Provided by: MD or DO, Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT), Physician's Assistant (PA) , Advance Practice Nurse (APN) ,Certified Nurse Practitioner (CNP)

Co-occurring Services: Psychiatric evaluation, comprehensive intake evaluation, medication monitoring, clinical consultation, case management, family therapy, individual therapy, and crisis intervention as described in the DMHAS Annex A3 enclosed. Co-occurring reimbursement rate schedule enclosed.

RATE SUMMARY				
Enhancement Packages Adult				
Service	Rate	Unit of Service	Type	Service Code
Oral Drug Screen	\$ 8.00	Service	Clinical	ZSWAB
Urine Drug Screen	\$ 8.00	Service	Clinical	H0003HF
Continuing Care LOCI	\$ 25.00	20 minutes	Clinical	ZLOCI
Co-occurring				
Service	Rate	Unit of Service	Type	Service Code
Case Management -CO	\$ 12.00	15 minutes	Co-occurring	T2022 HF
Comprehensive Intake Evaluation	\$ 26.00	30 minutes	Co-occurring	S9484 HF
Crisis Intervention - Individual	\$ 13.00	15 minutes	Co-occurring	90804 HF
Family Therapy (with patient)	\$ 24.50	30 minutes	Co-occurring	90847 HF
Family Therapy (without patient)	\$ 24.50	30 minutes	Co-occurring	90846 HF
Individual Therapy - half session	\$ 24.50	30 minutes	Co-occurring	90806 HF
Individual Therapy - full session	\$ 49.00	1 hour	Co-occurring	90806 HF
Clinical Consultation	\$ 25.00	15 minutes	Co-occurring	90887
Medication Monitoring	\$ 42.00	15 minutes	Co-occurring	90862 HF
Psychiatric Evaluation				
Service	Rate	Unit of Service	Type	Service Code
Psychiatric Evaluation	\$ 32.00	15 minutes	Psychiatric Eval	90801